

CITY OF LINCOLN  
2004-2005 HEALTH, DENTAL, AND VISION MONTHLY RATES  
EFFECTIVE NOVEMBER 1, 2004  
EMPLOYEES REPRESENTED BY POLICE

UNITED HEALTHCARE

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$442.16	\$980.44	\$1,301.56
City Share	<u>\$433.32</u>	<u>\$764.74</u>	<u>\$1,015.22</u>
Employee Share*	\$ 8.84	\$ 215.70	\$ 286.34

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 27.46	\$ 54.62	\$ 81.78
City Share	<u>\$ 27.46</u>	<u>\$ 36.05</u>	<u>\$ 53.97</u>
Employee Share*	\$ 0.00	\$ 18.57	\$ 27.81

EYEMED VISION CARE

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
Employee Share	\$ 8.38	\$ 15.92	\$ 16.76	\$ 25.14

There are four enrollment options available for health, dental, and vision coverage. They are:

*Single.* Provides coverage for employee only.

*Two-Party.* Provides coverage for employee and spouse. This option does not provide coverage for children.

*Four-Party.* Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

*Family.* Provides coverage for employee, spouse, and any number of eligible dependent children.

\*Must complete 90 days of employment before employee is eligible for City contribution.